



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

Relived on 10-1-18 83144

Cf TTEE TYPE (choose one):

	, 0	_
☐ Candidate		
Committee Name (required):		
first or last name & office)		
Candidate Information:	Candidate's Name (required):	
	Candidate's mailing address (required):	
	Candidate's email address (required):	
	Condidate and a sumb a (required).	
	Candidate's phone number (required):	
	Candidate's website (if any):	
Office Sought (choose one):	☐ Governor ☐ Secretary of State ☐ Attorney General ☐ State Treasurer	
	☐ Superintendent of Public Instruction ☐ State Mine Inspector ☐ Corporation Commissione.	r
	☐ State Senate ☐ State House of Representatives ☐ District (required):	
	☐ County Office: ☐ District (if applicable):	
	☐ City/Town Office: ☐ District (if applicable):	
lection Cycle for Office Soug	ght (year the election will take place) (required):	
Party Affiliation.	□ Democrat □ Green □ Libertarian □ Republican □ Other:	
required for partisan offices)		/
f sponsored, must include ponsor's name)	,	
olitical Function (optional):	☐ Contributions Candidate-Related Independent Expenditures	
elect any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures	
ponsorship Information:	Sponsor's name or nickname (required):	
f applicable)	Sponsor's mailing address (required):	
	Sponsor's email address (required):	
	Sponsor's website (if any):	
	appropriate (ii wity ji	
pecial Status	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union	
applicable)	☐ Standing Committee (must also complete separate standing committee registration)	
	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)	/
☐ Political Party		
Committee Name (required):		
must include party affiliation)		
urisdiction:	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)	
	□ County Party (must include proof of quattrication pursuant to A.R.S. § 16-802 or § 16-804)	
	☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	
	☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)	
pecial Status	☐ Standing committee (must also complete separate standing committee registration)	
f applicable)	The state of the s	

☑ in:tial Application
☐ Amended Application
Date:



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION RECLUMENT PAC 2018-02 837 AM

COMMITTEE ID NUMBER (office use only)

TTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 17/61 W. Tara Lh. Suprise, AZ
	Committee's email address (required): Crapp. pace gmail.com
	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): Andrew Cep on
	Chairperson's physical address (required):17/61 W. Tara Lane
	Chairperson's mailing address (if different):
	Chairperson's email address (required): Crapp - pacemail - Com
	Chairperson's phone number (required): (623) 334-527/
	Chairperson's employer (required):
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's name (required): To his Yaeger
	Treasurer's physical address (required): 14435 W. Gelding Dr.
	Treasurer's mailing address (if different):
	Treasurer's email address (required): b; vaege wa ap leom
	Treasurer's phone number (required): 623-444-5113
	Treasurer's employer (required): Retired
	Treasurer's occupation (required): Retired School teacher
Bank or Financial Institution:	Bank name (required): Bank of Ameria
(do not list acct numbers)	Additional bank name (ifapplicable): Deer Valley Credit Union
	Additional bank name (if applicable):

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct chairperson or treasurer of the committee named herein, if applicable; (2) designar committee and authorize it to receive/make contributions/expenditures on my beha campaign finance and reporting guide; (4) agree to comply with Arizona election is §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of paddress(es) provided herein.	te the above-named committee as my official candidate alf, if applicable; (3) have read the Secretary of State's aw, including campaign finance laws codified at A.R.S.
Chairperson's signature: Andrew Capea	Date: 10/1/18
Treasurer's signature:	Date: 16/1/2018
Candidate's signature (ikapplicable):	Date: